**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No.

: 6,979,309

Serial No.

10/041,949

Filed on

1/7/02

Title of the Invention:

SYSTEMS AND METHODS FOR PERFORMING BLOOD

PROCESSING AND/OR FLUID EXCHANGE PROCEDURES

Confirmation No.

5362

Atty Docket

T4342-14198US32

Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PETITION UNDER 37 CFR 1.28 (c)

Sir:

This is a petition to pay additional fees which were erroneously paid as a small entity. Attached is a Declaration of Change of Entity Status under 1.27(g). The following is an itemization of:

- (A) the particular type of fee that was erroneously paid as a small entity along with the current fee amount for a non-small entity;
  - (B) the small entity fee actually paid and when.
  - (C) the deficiency owed amount
  - (D) the total deficiency payment owed

(A)	(B)	(C)		
Type of fee	Current non SE fee	Fee paid	Deficiency	
Maintenance Fee, 4th Yr. (3-June-				
2009)	980.00	490.00	490.00	
		(D) Total	490.00	

The Commissioner is hereby authorized to charge Deposit Account No. 501165 for the total deficiency of \$490.00 which is owed.

Adjustment date: 04/26/2010 CKHLOK 11/04/2009 INTEFSW 00001541 501165 01 FC:1464 130.00 CR

10041949

Respectfully submitted,

MILES & STOCKBRIDGE, PC Attorneys for Applicant(s)

Date: November 3, 2009

MILES & STOCKBRIDGE, PC 1751 Pinnacle Dr Suite 500 McLean, VA 22102 Tel: (703) 903-9000 Mark A. Catan Reg. No. 38,720

## Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 04/22/10 2 Serial/Patent # 10041949							
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT		
Filing						\$	
Amendment						\$	
Extension of Time						\$	
Notice of Appeal/Appeal						\$	
Х	Petition		noı	ne	11/03/09	\$ 130.00	
	Issue					\$	
Cert of Correction/Terminal Disc.				,	\$		
Maintenance						\$	
	Assignment					\$	
	Other					\$	
			7 TOTAL AMOUNT OF REFUND			\$ 130.00	
			8 TO	BE I	REFUNDED E	BY:	
10 REASON:				Treasury Check			
	Overpayment		Credit Deposit A/C #:				
	Duplicate Payment		9 5 0 1 1 6 5				
Х	No Fee Due (Explanation):						
Rule	e 1.28(c) petitions do not carry a fee.			•			
						-	
11 REFUND REQUESTED BY:							
TYP	TYPED/PRINTED NAME: Paul Shanoski			т	TITLE:	Senior Attorney	
SIGNATURE: /Paul Shanoski/				F	HONE:	571-272-3225	
OFFICE: Office of Petitions							
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)